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Bib Data Sheet

CONFIRMATION NO. 5294

SERIAL NUMBER 09/189,250	FILING DATE 11/10/1998 RULE	CLASS 379	GROUP ART UNIT 2645	ATTORNEY DOCKET NO. INTL-0154-US	
APPLICANTS KELAN C. SILVESTER, PORTLAND, OR; ** CONTINUING DATA ***** <i>None AH</i> ** FOREIGN APPLICATIONS ***** <i>None AH</i> IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/25/1998					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged <i>Ala. Hoosain</i> <i>AH</i> Examiner's Signature Initials		STATE OR COUNTRY OR	SHEETS DRAWING 4	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 8
ADDRESS TIMOTHY N TROP TROP PRUNER HU & MILES 8554 KATY FREEWAY STE 100 HOUSTON, TX 77024					
TITLE MESSAGE HANDLING SYSTEM					
FILING FEE RECEIVED 1240	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER 250 09/189,050-		FILING DATE 11/09/98	CLASS 137 379	GROUP ART UNIT 3753 2645	ATTORNEY DOCKET NO. PIS01 I/L-0154-US(P6599)
APPLICANT	Kelan C. Johnston, Portland, OR JAMES-M. JOHNSTON, HOUSTON, TX.				
	CONTINUING DOMESTIC DATA*** VERIFIED <u>None AH</u>				
	371 (NAT'L STAGE) DATA*** VERIFIED <u>None AH</u>				
	FOREIGN APPLICATIONS*** VERIFIED <u>None AH</u>				
	FOREIGN FILING LICENSE GRANTED 11/25/98				
ADDRESS	Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OF COUNTRY TX OR	SHEETS DRAWING 6-4	TOTAL CLAIMS 33-25
	Verified and Acknowledged <u>AH</u> Examiner's Initials Initials		INDEPENDENT CLAIMS 4-8		
TITLE	ROBERT-C SHADDOX MATTHEWS JOSEPH SHADDOX & MASON PO BOX 572957 HOUSTON TX 77257-2957				
	PRECISION BLENDING SYSTEMS INC				
FILING FEE RECEIVED \$579	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	